



COLORADO TICK FEVER VIRUS

TREATMENT:

- No specific medication to treat CTF
- Clinical management supportive; severe cases may require hospitalization
- If Rocky Mountain spotted fever or other tickborne rickettsial disease suspected, follow appropriate treatment guidance

PREVENTION:

- Personal protective measures to reduce exposure to ticks
- Avoid wooded or brushy high elevation areas
- Use repellents or repellent treated clothing
- Find and remove ticks quickly
- Infected people should defer blood or bone marrow donation for 6 months after illness

EXPOSURE HISTORY:

- Transmitted by bite of infected Rocky Mountain wood tick (*Dermacentor andersoni*)
- Found in western United States and Canada at 4,000–10,000 feet above sea level
- Most common in spring or summer months when ticks are active
- Transmission through blood transfusion and bone marrow transplantation is possible

SIGNS AND SYMPTOMS:

- Common: biphasic illness, fever, chills, headache, myalgia, fatigue, leukopenia, thrombocytopenia
- Less common: nausea, vomiting, diarrhea, abdominal pain, arthralgia, stiff neck, sore throat, rash
- Rare: neuroinvasive disease, other severe sequelae

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Diagnostic Testing

Preliminary diagnosis of Colorado tick fever (CTF) is based on signs and symptoms, places and dates of travel, activities, and history of potential tick exposure. Acute samples should be tested by reverse-transcriptase polymerase chain reaction (RT-PCR) to detect viral RNA as antibody production is delayed until 14–21 days after onset of symptoms.

Timing of specimen collection	Specimens	Preferred Test
<14 days after symptom onset	Serum (CSF if suspected CNS involvement)	RT-PCR for viral RNA
≥14 days after symptom onset	Serum (CSF if suspected CNS involvement)	Antibody testing*; consider RT-PCR for samples from days 14-21

CSF, cerebrospinal fluid; CNS, central nervous system

*If possible, acute and convalescent samples, collected at least 2 weeks apart, with the convalescent sample collected at least 3 weeks after symptom onset, should be obtained to look for seroconversion or a 4-fold rise in antibody titers typically using a plaque reduction neutralization test (PRNT).

CTF testing is available at some commercial and state health department laboratories and at CDC. Contact your state or local health department for assistance with diagnostic testing. CTF cases are reportable to local public health authorities in certain states.

For more information, www.cdc.gov/coloradotickfever